

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.* 193

Birth Miami County Globe No. _____ St. _____
(Include District)

D*

Twin	}	and	{	Number in order of birth
Triplet				
or other?				

I HEREBY CERTIFY that the child described herein
has been named

IRTH* July 27, 1929
(Month) (Day) (Year)

Fransisco Socorro Garcia
(Give name in full) (Surname)

FATHER
acinto Garcia

X M. Manuel Lopez
(Parent's Signature)

MOTHER
aria Islas

Ed. Father
(Signature of Physician or Midwife)

Items to be entered by the local registrar before giving out this form.

Supplemental reports of birth may be obtained from the local registrar.
FORM 12-46